U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark		Date Received		Notification #	0016.000			
I. Type of Notification (chec	k one): 🔽 🤇	Original	Revised	Canc	eled	QQV01			
II. Facility Description									
Building Name: N/A									
Address: 27 Christopher									
	City: New York State: NY Zip Code: 10014 County: New York								
Site Location: Roof, 1st, 2nd, 3rd, 4th, floor									
Building Size (square feet): 3200 # of Floors: 4 Age in Years: 100 Present Use: Residential Prior Use: Residential									
III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training									
IV. Is Asbestos Present? (che		☐ No	ren		76. (20) 500-500;				
V. Facility Information									
Owner Name: Village I	Owner Name: Village FH LLC								
	Address: 27 Christopher Street								
			_ State: NY	Zi	ip Code: 10014				
Contact: Alain Tousign	ant	Telepl	none: (501)30°	1-7997	Fax:	V9047673404777-21			
Removal Contractor Name: Alba Environmental Inc									
Address: 237 West 37th street, Suite 303									
Contact: Wilson Chimb	Contact: Wilson Chimborazo Tele			phone: (646) 996-0941 Fax: (347) 527-2923					
Other Operator (demolition/general):									
Address:									
		State: Zip Code:				•			
Contact:		Telephone: (Fax:							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: VII. Approximate Amount of Asbestos Materials:									
VII. Approximate Amount of A	Success Materials:								
	RACM to be	RACM to be Removed Nor		Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
			Category I	Category II	Category I	Category II			
Pipes (linear feet)			200			-			
Surface Area (square feet)				16320					
Facility Components (cubic feet)					300.190.007				
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:									
IX. Dates for Asbestos Remov	X. Dates for Asbestos Removal (MM/DD/YY) Start: 02/12/16 Complete: 10/31/16								
Days of the Week: Monday	Tuesday			Sunday					
Hours of Operation: 7am to 5p	om 7am to 5pm	7am to 5pi							

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:							
				•				
XI.	Description removal a	on of work practices and engineering controls to be and waste handling emission control procedures:	e used to comply	with the requiremen	ts, including asbestos			
Full de 6m fire	contamina	ation unit, Hepa Vacuum, amended water, 6 and reinforce plastic, air testing at all times	mil printed as during the ab	bestos bags, negat atement project.	ive air machines			
XII.		ansporter #1						
	Name:	Dial Transport Inc						
	Address:	PO BOX 20699						
	City:	Staten Island	State:	NY	Zip Code: 10302			
	Contact:	Mr. Bill	Telephone:	(888)646-9903				
.	Waste Tra	ansporter #2		ANT TOTAL	200			
	Name:							
	Address:							
	City:		State:		Zip Code:			
	Contact:		Telephone:	()				
XIII.	Waste Dis	sposal			11111			
	Name:	Minerva Enterprises LLC						
	Address:	9000 Minerva Rd	1,00,00		4			
	City:	Waynesburg	State:		Zip Code: 44688			
	Contact:			(330) 866-3435				
XIV.	(1 ms project is an Emergency Demon)							
		1. Attach a copy of the Order to this notice.						
		ame of Authority Issuing Order: uthority of Order (Citation of Code):						
		ate of Order (MM/DD/YY):	Date Ordered to Begin					
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)							
	1. Da	ate and Hour of the Emergency:	0		remo (whom)			
	2. Description of the Sudden, Unexpected Event:							
	3. Ex	xplanation of how the event caused unsafe conditions	or equipment da	mage or an unreasonab	le financial burden.			
3/3/7								
XVI.	VI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.							
XVII.	I certify th	hat an individual trained in the provisions of NESH	IAP (40 CFR PA	ART 61, SUBPART M) will be on -site during the			
	E	Demolition or Renovation, and evidence that the re- evailable during normal business hours.	quired training	has been accomplished	d by this person will be			
•		Signature of Owner/Operator	Date	Type or Pri	nt Name and Title			
XVIII.	r state of misleading statements, and i certify that lacts							
	contained in this notification are true, accurate, and complete.							
	Wilson C	Chimborazo WW9201	1/4/201	16 Wille	u M			
		Signature of Owner/Operator	Date		nt Name and Title			